Wellness Unit Packages

SCREENING SERVICES



888-SAGICOR(724-4267)

sagicorjamaica.com

Sagicor Life

#AreYouCovered

SAGICOR LIFE JAMAICA LIMITED is proud to offer our Wellness services to you at an affordable rate. We believe that these services present wise investments in the health of your staff, beneficiaries and clients and hold long term benefits for all.

SERVICES	COST (PER PERSON)
HEIGHT/WEIGHT/WAIST (BMI)	$100
BLOOD PRESSURE	$100
URINE TESTS	$100
PREGNANCY TEST	$300
VISION	$300
HEARING (Audiometer)	$300
BLOOD SUGAR	$300
BLOOD CHOLESTEROL	$500
HIV TEST	$800
E.C.G. (Doctor requires height/weight, B/P)	$2,000

FIRST AID SERVICES

$20,000 per day **(Kingston & St. Catherine)**
$25,000 per day **(all other parishes)**

Should you require the services on a weekend (Saturday or Sunday), or on a public holiday, there will be **an additional charge** to assist in defraying overtime payments to our staff. Applicants paying for services, if not collected on site, will be invoiced. Payment should be made within ten (10) working days of the screening date.

WEEKEND/PUBLIC HOLIDAY CHARGE

$15,000 **(Kingston & St. Catherine)**
$20,000 **(all other parishes)**

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GROUP DISCOUNT PACKAGES

The following are discounted packages that you can choose from:

1. SHARP SENSES PACKAGE

(a) Solo Sharp Sense – Blood Pressure, Vision and Height/Weight/Waist (BMI) Regular Charge - $500 per person **(Discount Charge, $400 per person)**

(b) Dual Sharp Sense – Blood Pressure, Vision, Hearing, Height/Weight/Waist Regular Charge - $800 per person **(Discount Charge, $700 per person)**

*Condition: Minimum of 50 persons per day, that is, each person doing each test in this package.

2. MINI HEART HEALTHY PACKAGE

Blood Pressure, Blood Sugar & Blood Cholesterol Regular Charge - $900 per person **(Discount Charge, $800 per person)**

*Condition – minimum of 50 persons per day, that is, each person doing each test in this package.

3. HEART HEALTHY PACKAGE

Height/Weight/Waist, Blood Pressure, Blood Sugar, Blood Cholesterol & ECG Regular Charge - $3000 per person **(Discount Charge $2,800 per person)**

*Condition – minimum of 50 persons per day, that is, each person doing each test in this package.

4. COMPLETE HEALTH PACKAGE

Height/Weight/Waist, Blood Pressure, Vision, Hearing, Blood Sugar, Blood Cholesterol Urine Tests & ECG Regular Charge - $3,700 per person **(Discount Charge $3,500 per person)**

Please indicate your Discount Package #(s) _____

CONDITIONS

1. The Total number of persons screened per day must exceed 50
2. All clients must do all the tests in the package
3. If numbers fall below 50, then revert to the individual charges.

Sagicor reserves the right to revert to the individual charges in cases where the minimum number of client condition is not met or to impose a "low show" fine of a minimum of Ten Thousand Dollars ($10,000.00) per day for each day that the expected communicated numbers fall below 50% or more, whichever is higher.

OPTIONS

The **FLEXI DEAL** allows you the option of choosing one or more service(s) as the need dictates. Payment for these services may be made by the client or the organizer(s) of the Event.

Kindly note below the services REQUIRED and how payment will be made to Sagicor (whether by the Organizers or the Clients).

SERVICE	PAID BY ORGANISERS	CLIENT
(Place tick under appropriate section, indicating who will pay)		
HEIGHT/WEIGHT/WAIST (BMI)	_____	_____
BLOOD PRESSURE	_____	_____
URINE TESTS	_____	_____
PREGNANCY TEST	_____	_____
VISION	_____	_____
HEARING (Audiometer)	_____	_____
BLOOD SUGAR	_____	_____
BLOOD CHOLESTEROL	_____	_____
E.C.G.	_____	_____

OTHER ARRANGEMENTS: _____

In signing this form I am agreeing to the conditions as stated in this document.

Signature of Applicant: _____

Date of Request: _____

(Must be signature of Primary Contact Person)

APPLICATION AND AGREEMENT FORM FOR HEALTH SCREENING SERVICES

Requested By _____

Name of Company / Service Club / Provider / Community Group

Primary Contact Person's Name & Title Telephone # Email

_____

Secondary Contact Person's Name & Title Telephone # Email

_____

Date(s) Required _____ Start/End Time _____

Type of Event _____

Name and Address of Venue (Give Details e.g. landmarks)

_____

_____

Please state road condition on the way to the venue/adequate parking for large mobile unit (takes up three car spaces)

_____

_____

Venue Tel. # _____

Of Participants expected _____

Age Range of Participants _____

Access to Electricity: Yes_ _ No____

Name of Sagicor Representative

_____

#SAGICOR**STRONG**

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